



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 9874

<b>SERIAL NUMBER</b> 09/211,469	<b>FILING DATE</b> 12/14/1998 <b>RULE</b>	<b>CLASS</b> 327	<b>GROUP ART UNIT</b> 2816	<b>ATTORNEY DOCKET NO.</b> 0100.990020	
<b>APPLICANTS</b> OLEG DRAPKIN, NORTH YORK, CANADA; GRIGORI TEMKINE, TORONTO, CANADA;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> CHRISTOPHER J. RECKAMP MARKISON & RECKAMP, P.C. P.O. BOX 06229 WACKER DRIVE CHICAGO ,IL 60606-0229					
<b>TITLE</b> SINGLE GATE OXIDE DIFFERENTIAL RECEIVER AND METHOD					
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/211,469	FILING DATE 12/14/98	CLASS 257	GROUP ART UNIT 2811	ATTORNEY DOCKET NO. 0100.990020
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APPLICANT OLEG DRAPKIN, NORTH YORK, CANADA; GRIGORI TEMKINE, TORONTO, CANADA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

none (initials)

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

none (initials)

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

none (initials)

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAX	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>AY</u> Examiner's Initials Initials					

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175 WEST JACKSON BOULEVARD  
SUITE 1015  
CHICAGO IL 60604

TITLE SINGLE GATE OXIDE DIFFERENTIAL RECEIVER AND METHOD

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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